

FEE BASIS HIPAA 5010
[FB*3.5*121]

RELEASE NOTES

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Introduction

The Chief Business Office (CBO) is requesting an enhancement to the Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis software application that will meet the Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) 5010 mandate.

On January 16, 2009, the Department of Health and Human Services (HHS) published the final rule that will facilitate the United States' ongoing transition to an electronic health care environment through the adoption of updated standards for electronic health care and pharmacy transactions. This portion of the transition involves converting all EDI transactions from HIPAA Accredited Standards Committee (ASC) X12 Version 4010 and 4010A1 to ASC X12 Version 5010. Effective January 1, 2012, VHA must reach Level II compliance, which means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards." All covered entities must be fully compliant on January 1, 2012. On this date, VHA will cease accepting 4010 and 4010A1 transactions.

Overview

Changes for the HIPAA 5010 project will be released in iterations with multiple patches. FB*3.5*121 contains the data dictionary changes, the removal the FBAASUPERVISOR security key from the FB FPPS TRANSMIT option and the changes to process additional data elements in the Central Fee (AITC) message sent to VistA Fee Basis.

New Service Request (NSRs): 20090705

VistA Fee HIPAA 5010 Implementation, Discovery and Requirements to meet the expanding needs of Electronic Data Interchange (EDI) processes and address the system and data changes required with the 5010 version, the Fee Basis package will need to collect, store and report additional elements from the claim data. National Provider Identifiers (NPI) and physical service locations are needed to better inform downstream or dependent processes. Much of the additional data collection is needed to support (1) revenue functions, where a third party insurance has a financial obligation surrounding payments made for non-service connected episodes of care and (2) pricing functions, where the service location impacts the allowed amount for a healthcare service.

Note: This is the first of three patches for this NSR

Patch FB*3.5*121 includes the following modifications:

1. ADD HIPAA 5010 FIELDS TO VISTA FEE BASIS

Problem:

VistA Fee Basis needs additional fields to store minimally required HIPAA 5010 claim and payment information

Resolution:

Created HIPAA 5010 provider name, NPI, Taxonomy code and bank fields in the following files: FEE BASIS PAYMENT (#162), and FEE BASIS INVOICE (#162.5). Created HIPAA 5010 Taxonomy code

field in FEE BASIS VENDOR (#161.2) file. Created FPPS transmit start and stop dates in the FEE BASIS SITE PARAMETERS (#161.4) file.

2. ENSURE FB FPPS TRANSMIT OPTION CAN BE RUN BY ANY USER

Problem:

The FB FPPS TRANSMIT option contains the security key FBAASUPERVISOR, but not all users who queue this report have the key so the option does not run. This affects payment data being sent to the Fee Payment Processing System (FPPS) in a timely manner. If a site has not transmitted the data regularly, there may be network issues (rare).

Resolution:

The post-installation routine removes the FBAASUPERVISOR key from the FB FPPS TRANSMIT option and requests that IRM set this queueable option up to run on a nightly basis. FBHLX and FBHLX1 were modified to limit the number of records sent to FPPS to 10K. The 10K limit was imposed to ensure the network is not overburdened by sites that have not run the FB FPPS TRANSMIT option on a regular cycle (daily). If the process stops due to the 10K limit then the message sent to G.FEE will contain a note "Process (task) stopped due reaching 10K message limit." to the users.

3. ALLOW FEE BASIS TO PROCESS 82 AND 138 CHARACTER PAYMENT PROCESSING MESSAGES FROM CENTRAL FEE.

Problem:

Modification of the Central Fee Payment Processing message (DHCPOUT) to include bank information will allow Health Administration Center (HAC) personnel to receive this information automatically rather than performing a manual lookup to enter this data into the 835 payment message.

Solution:

Modified the FBPAID and FBPAID1 routines that process the DHCPOUT file from Central Fee to accept either 82 or 138 characters. The longer message will contain bank routing number (9 characters), account number (17 characters) and bank name (30 characters). This data will be filed to the FEE BASIS PAYMENT (#162) or FEE BASIS INVOICE (#162.5) file depending on the fee program. This change is dependent on modifications from Central Fee and the new data will not be available until Central Fee releases their production changes.